
Q11-1AAA [R68927.00]

Section: Health

([total number of employers reported] >= 1)
COMMENT: Is there at least one employer listed?

- 0 0 CONDITION DOES NOT APPLY
1 1 CONDITION APPLIES

If Answer = 1 Then GoTo [Q11-1B](#)

Default Next: [Q11-4](#)

Lead-In: [Q9-68A](#) [Default], [Q10-76](#) [Default]

Q11-1B [R68928.00]

Section: Health

([is this job current?](1)=1)
COMMENT: STATUS (Merged,%datevar%,1 WAS R WORKING IN WEEK BEFORE INTERVIEW WEEK?

If Answer = 1 Then GoTo [Q11-4](#)

Default Next: [Q11-3](#)

Lead-In: [Q11-1AAA](#) [1:1]

Q11-3 [R68929.00]

Section: Health

(INTERVIEWER: ENTERING HEALTH SECTION)

Would your health keep you from working on a job for pay now?

- 1 Yes ...(Go To [Q11-5A](#))
0 No

Default Next: [Q11-4](#)

Lead-In: [Q11-1B](#) [Default]

Q11-4 [R68930.00]

Section: Health

(Are you/Would you be) limited in the kind of work you (could) do on a job for pay because of your health?

- 1 Yes
0 No

Default Next: [Q11-5](#)

Lead-In: [Q11-1B](#) [1:1], [Q11-1AAA](#) [Default], [Q11-3](#) [Default]

Q11-5 [R68931.00]

Section: Health

(Are you/Would you be) limited in the amount of work you (could) do because of your health?

1 Yes

0 No

Default Next: [Q11-5A](#)

Lead-In: [Q11-4](#) [Default]

Q11-5A [R68932.00]

Section: Health

(([Would your health keep you from working now?]=1) OR ([Q11-4]=1) OR ([Limited in amount of work due to accident or injury?]=1))

COMMENT: Check if R has reported a health limitation which affects work.

If Answer = 1 Then GoTo [Q11-5B](#)

Default Next: [Q11-9](#)

Lead-In: [Q11-3](#) [1:1], [Q11-5](#) [Default]

Q11-5B [R68933.00]

Section: Health

([r gender]=1)

COMMENT: Is respondent male?

If Answer = 1 Then GoTo [Q11-7](#)

Default Next: [Q11-5C](#)

Lead-In: [Q11-5A](#) [1:1]

Q11-5C [R68934.00]

Section: Health

([time unit for time next child planned]=1) AND ([number of months r plans to have next child]<=9)

COMMENT: Is R currently pregnant?

If Answer = 1 Then GoTo [Q11-6](#)

Default Next: [Q11-7](#)

Lead-In: [Q11-5B](#) [Default]

Q11-6 [R68935.00]

Section: Health

Is your limitation entirely due to your current pregnancy?

- 1 Yes ...(Go To [Q11-9](#))
0 No

Default Next: [Q11-7](#)**Lead-In:** [Q11-5C](#) [1:1]

Q11-7 [R68936.00]

Section: Health

Since what month and year have you had this limitation [" "/Other than your pregnancy]?

- 1 SELECT TO ENTER DATE ...(Go To [Q11-8](#))
0 IF VOLUNTEERED: 'ALL MY LIFE'

Default Next: [Q11-9](#)**Lead-In:** [Q11-5B](#) [1:1], [Q11-5C](#) [Default], [Q11-6](#) [Default]

Q11-8 [R68937.00]

Section: Health

INTERVIEWER: ENTER DATE FROM WHICH R HAS HAD THIS LIMITATION.

Enter Date:
Month Year

Default Next: [Q11-9](#)**Lead-In:** [Q11-7](#) [1:1]

Q11-9 [R68938.00]

Section: Health

How much do you weigh?

(ENTER POUNDS)

Enter Answer: **Default Next:** [Q11-GENHLTH_1A~000001](#)**Lead-In:** [Q11-6](#) [1:1], [Q11-5A](#) [Default], [Q11-7](#) [Default], [Q11-8](#) [Default]

Q11-GENHLTH_1A~000001 []

Section: Health

How often do you do vigorous activities for at least 10 minutes that cause heavy sweating or large increases in breathing or heart rate?

(INTERVIEWER: IF R UNABLE TO DO THIS TYPE OF ACTIVITY, ENTER "996". IF R NEVER DOES THIS TYPE OF ACTIVITY, ENTER "0".)

ENTER
FREQUENCY:

Default Next: [Q11-GENHLTH_1A~000002](#)

Lead-In: [Q11-9](#) [Default]

Q11-GENHLTH_1A~000002 []

Section: Health

SELECT TIME
UNIT:

Default Next: [Q11-GENHLTH_1B](#)

Lead-In: [Q11-GENHLTH_1A~000001](#) [Default]

Q11-GENHLTH_1B []

Section: Health

([frequency of vigorous exercise]=0 or [frequency of vigorous exercise]=996)

/ * If R is unable or never does physical activities then skip question about how long */

| | |
|-------------------|---------|
| 0 - 0 | 0 |
| 1 - 24 | 1-24 |
| 25 - 49 | 25-49 |
| 50 - 74 | 50-74 |
| 75 - 99 | 75-99 |
| 100 - 124 | 100-124 |
| 125 - 149 | 125-149 |
| 150 - 174 | 150-174 |
| 175 - 199 | 175-199 |
| 200 - 224 | 200-224 |
| 225 - 249 | 225-249 |
| 250 - 99999999 | 250+ |

If Answer = 1 Then GoTo [Q11-GENHLTH_2A~000001](#)

Default Next: [Q11-GENHLTH_1C~000001](#)

Lead-In: [Q11-GENHLTH_1A~000002](#) [Default]

Q11-GENHLTH_1C~000001 []

Section: Health

About how long do you do these vigorous activities each time?

ENTER

LENGTH: **Default Next:** [Q11-GENHLTH_1C~000002](#)**Lead-In:** [Q11-GENHLTH_1B](#) [Default]

Q11-GENHLTH_1C~000002 []

Section: HealthSELECT
MINUTES/HOURS: **Default Next:** [Q11-GENHLTH_2A~000001](#)**Lead-In:** [Q11-GENHLTH_1C~000001](#) [Default]

Q11-GENHLTH_2A~000001 []

Section: Health

How often do you do light or moderate activities for at least 10 minutes that cause only light sweating or slight to moderate increase in breathing or heart rate?

(INTERVIEWER: IF R UNABLE TO DO THIS TYPE OF ACTIVITY, ENTER "996". IF R NEVER DOES THIS TYPE OF ACTIVITY, ENTER "0".)

FREQUENCY: **Default Next:** [Q11-GENHLTH_2A~000002](#)**Lead-In:** [Q11-GENHLTH_1B](#) [1:1], [Q11-GENHLTH_1C~000002](#) [Default]

Q11-GENHLTH_2A~000002 []

Section: HealthTIME UNIT: **Default Next:** [Q11-GENHLTH_2B](#)**Lead-In:** [Q11-GENHLTH_2A~000001](#) [Default]

Q11-GENHLTH_2B []

Section: Health

([frequency of moderate exercise]=0 or [frequency of moderate exercise]=996)

/ * If R is unable or never does physical activities then skip question about how long */

| | |
|-----------|---------|
| 0 - 0 | 0 |
| 1 - 24 | 1-24 |
| 25 - 49 | 25-49 |
| 50 - 74 | 50-74 |
| 75 - 99 | 75-99 |
| 100 - 124 | 100-124 |
| 125 - 149 | 125-149 |
| 150 - 174 | 150-174 |
| 175 - 199 | 175-199 |

200 - 224 200-224
 225 - 249 225-249
 250 -
 99999999 250+

If Answer = 1 Then GoTo [Q11-GENHLTH_3A~000001](#)

Default Next: [Q11-GENHLTH_2C~000001](#)

Lead-In: [Q11-GENHLTH_2A~000002](#) [Default]

Q11-GENHLTH_2C~000001 []

Section: Health

About how long do you do these light or moderate activities each time?

LENGTH:

Default Next: [Q11-GENHLTH_2C~000002](#)

Lead-In: [Q11-GENHLTH_2B](#) [Default]

Q11-GENHLTH_2C~000002 []

Section: Health

TIME UNIT:

Default Next: [Q11-GENHLTH_3A~000001](#)

Lead-In: [Q11-GENHLTH_2C~000001](#) [Default]

Q11-GENHLTH_3A~000001 []

Section: Health

How often do you do physical activities specifically designed to strengthen your muscles such as lifting weights or doing calisthenics? (Include all such activities even if you have mentioned them before.)

(INTERVIEWER: IF R UNABLE TO DO THIS TYPE OF ACTIVITY, ENTER "996". IF R NEVER DOES THIS TYPE OF ACTIVITY, ENTER "0".)

FREQUENCY:

Default Next: [Q11-GENHLTH_3A~000002](#)

Lead-In: [Q11-GENHLTH_2B](#) [1:1], [Q11-GENHLTH_2C~000002](#) [Default]

Q11-GENHLTH_3A~000002 []

Section: Health

TIME UNIT:

Default Next: [Q11-GENHLTH_4A](#)

Lead-In: [Q11-GENHLTH_3A~000001](#) [Default]

Q11-GENHLTH_4A []

Section: Health

About how long has it been since your last general physical exam or routine checkup by a medical doctor or other health professional? Do not include a visit about a specific problem.

Has it been...(READ CATEGORIES AS NECESSARY)?

- 0 Never
- 1 A year ago or less ...(Go To [Q11-GENHLTH_4B_1](#))
- 2 More than 1 year but not more than 2 years ...(Go To [Q11-GENHLTH_4B_1](#))
- 3 More than 2 years but not more than 3 years ...(Go To [Q11-GENHLTH_4B_1](#))
- 4 More than 3 years but not more than 5 years
- 5 Over 5 years ago

Default Next: [Q11-GENHLTH_5A](#)

Lead-In: [Q11-GENHLTH_3A~000002](#) [Default]

Q11-GENHLTH_4B_1 []

Section: Health

During this last check-up, were you asked about...

....your diet and eating habits?

- 1 Yes
- 0 No

Default Next: [Q11-GENHLTH_4B_2](#)

Lead-In: [Q11-GENHLTH_4A](#) [1:3]

Q11-GENHLTH_4B_2 []

Section: Health

(During this last check-up, were you asked about...)

....the amount of physical activity or exercise you get?

- 1 Yes
- 0 No

Default Next: [Q11-GENHLTH_4B_3](#)

Lead-In: [Q11-GENHLTH_4B_1](#) [Default]

Q11-GENHLTH_4B_3 []

Section: Health

(During this last check-up, were you asked about...)

....whether you smoke cigarettes or use other forms of tobacco?

- 1 Yes

0 No

Default Next: [Q11-GENHLTH_4B_4](#)

Lead-In: [Q11-GENHLTH_4B_2](#) [Default]

Q11-GENHLTH_4B_4 []

Section: Health

(During this last check-up, were you asked about...)

....how much and how often you drink alcohol?

1 Yes

0 No

Default Next: [Q11-GENHLTH_4B_5](#)

Lead-In: [Q11-GENHLTH_4B_3](#) [Default]

Q11-GENHLTH_4B_5 []

Section: Health

(During this last check-up, were you asked about...)

....whether you use marijuana, cocaine, or other drugs?

1 Yes

0 No

Default Next: [Q11-GENHLTH_5A](#)

Lead-In: [Q11-GENHLTH_4B_4](#) [Default]

Q11-GENHLTH_5A []

Section: Health

([r gender])

COMMENT: Gender of R

If Answer = 1 Then GoTo [Q11-GENHLTH_6A](#)

Default Next: [Q11-GENHLTH_5B](#)

Lead-In: [Q11-GENHLTH_4B_5](#) [Default], [Q11-GENHLTH_4A](#) [Default]

Q11-GENHLTH_5B []

Section: Health

During the past 12 months, that is since [12 months before reference date], have you seen or talked to a doctor who specializes in women's health (an obstetrician/gynecologist) about your own health?

1 Yes

0 No

Default Next: [Q11-GENHLTH_6A](#)

Lead-In: [Q11-GENHLTH_5A](#) [Default]

Q11-GENHLTH_6A []

Section: Health

Are you now trying to lose weight, gain weight, stay about the same, or are you not trying to do anything about your weight?

- 1 Lose weight
- 2 Gain weight
- 3 Stay about the same
- 4 Not trying to do anything

Default Next: [Q11-GENHLTH_7A](#)

Lead-In: [Q11-GENHLTH_5A](#) [1:1], [Q11-GENHLTH_5B](#) [Default]

Q11-GENHLTH_7A []

Section: Health

When you buy a food item for the first time, how often would you say you read the nutritional information about calories, fat and cholesterol sometimes listed on the label - would you say always, often sometimes, rarely or never?

- 0 Don't buy food
- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never

Default Next: [Q11-GENHLTH_7B](#)

Lead-In: [Q11-GENHLTH_6A](#) [Default]

Q11-GENHLTH_7B []

Section: Health

When you buy a food item for the first time, how often would you say you read the ingredient list on the package - (would you say always, often sometimes, rarely or never)?

- 0 Don't buy food
- 1 Always
- 2 Often
- 3 Sometimes
- 4 Rarely
- 5 Never

Default Next: [Q11-79](#)

Lead-In: [Q11-GENHLTH_7A](#) [Default]

Q11-79 [R68995.00]

Section: Health

Now we have a few questions about health care and hospitalization plans.

Are you covered by any kind of private or governmental health or hospitalization plans or health maintenance organization (HMO) plans?

(PROBE IF NECESSARY:) Examples of health and hospitalization insurance plans include Blue Cross, Blue Shield, [Medicaid or a Medicaid alternative plan such as [name of state Medicaid Program]].

(INTERVIEWER: GENERALLY, IF R OR EMPLOYER DO NOT HAVE TO PAY, THE INSURANCE IS MEDICAID OR A MEDICAID ALTERNATIVE. PLEASE SEE HELP SCREEN FOR LIST OF MEDICAID ALTERNATIVE PROVIDERS AND PLANS FOR [Respondent's state of residence].)

- 1 Yes ...(Go To [Q11-79A](#))
- 0 No

Default Next: [Q11-82](#)

Lead-In: [Q11-GENHLTH_7B](#) [Default]

Q11-79A []

Section: Health

Do you have one health plan or more than one?

- 1 One health plan
- 2 More than one health plan

Default Next: [Q11-79A_2](#)

Lead-In: [Q11-79](#) [1:1]

Q11-79A_2 []

Section: Health

SYMBOLEXIST ([stop date of employer](1))
COMMENT: Was any employer reported?

If Answer = 0 Then GoTo [Q11-80B_CHK_2](#)

Default Next: [Q11-80B_CHK_1](#)

Lead-In: [Q11-79A](#) [Default]

Q11-80B_CHK_1 []

Section: Health

([total number of employers reported] > 0 and [stop date of employer](1) = [1998 int (current) date])
 COMMENT: Is R currently employed?

If Answer = 0 Then GoTo [Q11-80B_CHK_2](#)

Default Next: [Q11-80B_1](#)

Lead-In: [Q11-79A_2](#) [Default]

Q11-80B_CHK_2 []

Section: Health

([spouse/partner employed in 2001] = 1 or [spouse/partner employed in 2001] = 0 or [spouse/partner employed in 2001] = 2)

COMMENT: Was R's spouse/partner employed in past calendar year?

If Answer = 0 Then GoTo [Q11-80B_5](#)

Default Next: [Q11-80B_3B](#)

Lead-In: [Q11-79A_2](#) [0:0], [Q11-80B_CHK_1](#) [0:0]

Q11-80B_1 []

Section: Health

[(When I ask you the next few questions I'd like you to think about the health plan that you consider to be the main one. By that I mean the plan that would pay most of your major medical bills rather than a plan that only pays for minor medical expenses- or dental or vision care - or prescription drugs.)]

Does your current employer pay for any part of the cost of this plan?

1 Yes

0 No ...(Go To [Q11-80B_3A](#))

Default Next: [Q11-80B_2](#)

Lead-In: [Q11-80B_CHK_1](#) [Default]

Q11-80B_2 []

Section: Health

Does your current employer pay the total cost of the premiums for this health plan, or do you also have to contribute toward the cost?

1 Employer pays total cost of premiums

2 Employer pays part of costs and employee pays the rest

Default Next: [Q11-80C](#)

Lead-In: [Q11-80B_1](#) [Default]

Q11-80B_3A []

Section: Health

[(spouse/partner employed in 2001] = 1 or [spouse/partner employed in 2001] = 0 or [spouse/partner employed in 2001] = 2)

COMMENT: Was R's spouse/partner employed in past calendar year?

If Answer = 0 Then GoTo [Q11-80B_5](#)

Default Next: [Q11-80B_3B](#)

Lead-In: [Q11-80B_1](#) [0:0]

Q11-80B_3B []

Section: Health

[(When I ask you the next few questions I'd like you to think about the health plan that you consider to be the main one. By that I mean the plan that would pay most of your major medical bills rather than a plan that only pays for minor medical expenses- or dental or vision care - or prescription drugs.)]

Does [Spouse/partner's name]'s current employer pay for any part of the cost of this health plan?

- 1 Yes
- 0 No ...(Go To [Q11-80B_5](#))

Default Next: [Q11-80B_4](#)

Lead-In: [Q11-80B_CHK_2](#) [Default], [Q11-80B_3A](#) [Default]

Q11-80B_4 []

Section: Health

Does [Spouse/partner's name]'s current employer pay the total cost of the premiums for this health plan, or does [Spouse/partner's name] also have to contribute toward the cost?

- 1 Employer pays total cost of premiums
- 2 Employer pays part of costs and employee pays the rest

Default Next: [Q11-80C](#)

Lead-In: [Q11-80B_3B](#) [Default]

Q11-80B_5 []

Section: Health

[(When I ask you the next few questions I'd like you to think about the health plan that you consider to be the main one. By that I mean the plan that would pay most of your major medical bills rather than a plan that only pays for minor medical expenses- or dental or vision care - or prescription drugs.)]

Do you or other family members pay the total cost of the premiums for this health plan?

- 1 Yes ...(Go To [Q11-80B_6](#))
- 0 No

Default Next: [Q11-80B_7](#)

Lead-In: [Q11-80B_CHK_2](#) [0:0], [Q11-80B_3A](#) [0:0], [Q11-80B_3B](#) [0:0]

Q11-80B_6 []

Section: Health

Even though you or other family members pay the full cost of this health plan, is it purchased through a former employer of you or another family member?

- 1 Yes
- 0 No

Default Next: [Q11-80C](#)

Lead-In: [Q11-80B_5](#) [1:1]

Q11-80B_7 []

Section: Health

Is this health plan paid for through a government program, such as Medicaid?

- 1 Yes
- 0 No ... (Go To [Q11-80B_8](#))

Default Next: [Q11-80C](#)

Lead-In: [Q11-80B_5](#) [Default]

Q11-80B_8 []

Section: Health

Does a former employer of yours [or] [Spouse/partner's name]'s pay for any part of the cost of this health plan?

- 1 Yes ... (Go To [Q11-80B_9](#))
- 0 No

Default Next: [Q11-80B_10](#)

Lead-In: [Q11-80B_7](#) [0:0]

Q11-80B_9 []

Section: Health

Does this former employer pay the total cost of the premiums for this health plan, or do you and your family also have to contribute toward the cost?

- 1 Former employer pays total cost of premiums
- 2 Former employer pays part of costs and employee pays the rest

Default Next: [Q11-80C](#)

Lead-In: [Q11-80B_8](#) [1:1]

Q11-80B_10 []

Section: Health

Who pays the cost of the premiums for this health plan?

(INTERVIEWER: ENTER VERBATIM)

Enter Answer:

Default Next: [Q11-80C](#)

Lead-In: [Q11-80B_8](#) [Default]

Q11-80C [R68997.00]

Section: Health

I want to ask you about your primary insurance plan. That is the plan that pays most of the cost of your doctor and hospital bills.

Is this plan either a Health Maintenance Organization, HMO, network or Point of Service plan?

1 Yes

0 No

Default Next: [Q11-80D](#)

Lead-In: [Q11-80B_4](#) [Default], [Q11-80B_2](#) [Default], [Q11-80B_6](#) [Default],
[Q11-80B_7](#) [Default], [Q11-80B_10](#) [Default], [Q11-80B_9](#) [Default]

Q11-80D [R68998.00]

Section: Health

Is this a Preferred Provider Organization or a PPO? That is, do you get increased benefits or lower co-pay if you use a participating provider?

1 Yes

0 No

Default Next: [Q11-80E](#)

Lead-In: [Q11-80C](#) [Default]

Q11-80E [R68999.00]

Section: Health

Does this plan require you to get authorization from a primary care provider before seeing a medical specialist?

1 Yes

0 No

Default Next: [Q11-80F](#)

Lead-In: [Q11-80D](#) [Default]

Q11-80F [R69000.00]

Section: Health

Have you (or your employer) set up a medical savings account (msa) to help pay your health care expenses?

- 1 Yes
0 No

Default Next: [Q11-81A](#)

Lead-In: [Q11-80E](#) [Default]

Q11-81A [R69001.00]

Section: Health

Since [Date of last interview], was there any time when you were not covered by health insurance?

- 1 Yes
0 No

Default Next: [Q11-82](#)

Lead-In: [Q11-80F](#) [Default]

Q11-82 [R69005.00]

Section: Health

((([marital status code]=1) OR ([marital status code]=5) OR ([marital status code]=4)) AND ([spouse in hh?]=1)) OR ([partner in hh?]=1))

COMMENT: Is current marital status "married" or "remarried" and there is a spouse listed on the household roster or is a partner listed?

If Answer = 1 Then GoTo [Q11-83](#)

Default Next: [Q11-85](#)

Lead-In: [Q11-79](#) [Default], [Q11-81A](#) [Default]

Q11-83 [R69006.00]

Section: Health

Is [Spouse/partner's name] covered by any kind of private or governmental health or hospitalization plans or health maintenance organization (HMO) plans?

(PROBE IF NECESSARY:) Examples of health and hospitalization insurance plans include Blue Cross, Blue Shield, [Medicaid or a Medicaid alternative plan such as [name of state Medicaid Program]].

(INTERVIEWER: GENERALLY, IF R OR EMPLOYER DO NOT HAVE TO PAY, THE INSURANCE IS MEDICAID OR A MEDICAID ALTERNATIVE. PLEASE SEE HELP SCREEN FOR LIST OF MEDICAID ALTERNATIVE PROVIDERS AND PLANS FOR [Respondent's state of residence].)

- 1 Yes ...(Go To [Q11-83A](#))
0 No

Default Next: [Q11-85](#)

Lead-In: [Q11-82](#) [1:1]

Q11-83A []

Section: Health

Does [Spouse/partner's name] have one health plan or more than one?

- 1 One health plan
2 More than one health plan

Default Next: [Q11-84B_CHK_1](#)

Lead-In: [Q11-83](#) [1:1]

Q11-84B_CHK_1 []

Section: Health

([spouse/partner employed in 2001] = 1 or [spouse/partner employed in 2001] = 0 or [spouse/partner employed in 2001] = 2)

COMMENT: Was R's spouse/partner employed in past calendar year?

If Answer = 0 Then GoTo [Q11-84B_CHK_2](#)

Default Next: [Q11-84B_1](#)

Lead-In: [Q11-83A](#) [Default]

Q11-84B_CHK_2 []

Section: Health

SYMBOLEXIST ([stop date of employer](1))

COMMENT: Were any employers reported?

If Answer = 0 Then GoTo [Q11-84B_5](#)

Default Next: [Q11-84B_CHK_3](#)

Lead-In: [Q11-84B_CHK_1](#) [0:0]

Q11-84B_CHK_3 []

Section: Health

([total number of employers reported] > 0 and [stop date of employer](1) = [1998 int (current) date])

COMMENT: Is R currently employed?

If Answer = 0 Then GoTo [Q11-84B_5](#)

Default Next: [Q11-84B_3B](#)

Lead-In: [Q11-84B_CHK_2](#) [Default]

Q11-84B_1 []

Section: Health

[definition in archivist comment]

Does [Spouse/partner's name]'s current employer pay for any part of the cost of this plan?

- 1 Yes
- 0 No ...(Go To [Q11-84B_2A](#))

Default Next: [Q11-84B_2](#)

Lead-In: [Q11-84B_CHK_1](#) [Default]

Q11-84B_2 []

Section: Health

Does [Spouse/partner's name]'s current employer pay the total cost of the premiums for this health plan, or does [s/he] also have to contribute toward the cost?

- 1 Employer pays total cost of premiums
- 2 Employer pays part of costs and employee pays the rest

Default Next: [Q11-85](#)

Lead-In: [Q11-84B_1](#) [Default]

Q11-84B_2A []

Section: Health

SYMBOLEXIST ([stop date of employer](1))
COMMENT: Was any employer reported?

If Answer = 0 Then GoTo [Q11-84B_5](#)

Default Next: [Q11-84B_3A](#)

Lead-In: [Q11-84B_1](#) [0:0]

Q11-84B_3A []

Section: Health

([total number of employers reported] > 0 and [stop date of employer](1) = [1998 int (current) date])
COMMENT: Is R currently employed?

If Answer = 0 Then GoTo [Q11-84B_5](#)

Default Next: [Q11-84B_3B](#)

Lead-In: [Q11-84B_2A](#) [Default]

Q11-84B_3B []

Section: Health

[definition in archivist comment]

Does your current employer pay for any part of the cost of [Spouse/partner's name]'s health plan?

Default Next: [Q11-84B_5](#)**Lead-In:** [Q11-84B_CHK_3](#) [Default], [Q11-84B_3A](#) [Default]

Q11-84B_4 []

Section: Health

Does your current employer pay the total cost of the premiums for this health plan, or do you also have to contribute toward the cost?

- 1 Employer pays total cost of premiums
- 2 Employer pays part of costs and employee pays the rest

Default Next: [Q11-85](#)**Lead-In:** [Q11-84B_3B](#) [1:1]

Q11-84B_5 []

Section: Health

[definition in archivist comment]

Do you [or] [Spouse/partner's name] or other family members pay the total cost of the premiums for this health plan?

- 1 Yes ...(Go To [Q11-84B_6](#))
- 0 No

Default Next: [Q11-84B_7](#)**Lead-In:** [Q11-84B_CHK_3](#) [0:0], [Q11-84B_2A](#) [0:0], [Q11-84B_CHK_2](#) [0:0],
[Q11-84B_3A](#) [0:0], [Q11-84B_3B](#) [Default]

Q11-84B_6 []

Section: Health

Even though you [or] [Spouse/partner's name] or other family members pay the full cost of this health plan, is it purchased through a former employer of you [or] [Spouse/partner's name] or another family member?

- 1 Yes
- 0 No

Default Next: [Q11-85](#)

Lead-In: [Q11-84B_5](#) [1:1]

Q11-84B_7 []

Section: Health

Is this health plan paid for through a government program, such as Medicaid?

- 1 Yes
0 No ... (Go To [Q11-84B_8](#))

Default Next: [Q11-85](#)

Lead-In: [Q11-84B_5](#) [Default]

Q11-84B_8 []

Section: Health

Does a former employer of yours [or] [Spouse/partner's name]'s pay for any part of the cost of this health plan?

- 1 Yes ... (Go To [Q11-84B_9](#))
0 No

Default Next: [Q11-84B_10](#)

Lead-In: [Q11-84B_7](#) [0:0]

Q11-84B_9 []

Section: Health

Does this former employer pay the total cost of the premiums for this health plan, or do you [or] [Spouse/partner's name] and your family also have to contribute toward the cost?

- 1 Former employer pays total cost of premiums
2 Former employer pays part of costs and employee pays the rest

Default Next: [Q11-85](#)

Lead-In: [Q11-84B_8](#) [1:1]

Q11-84B_10 []

Section: Health

Who pays the cost of the premiums for this health plan?

(INTERVIEWER: ENTER VERBATIM)

Enter Answer:

Default Next: [Q11-85](#)

Lead-In: [Q11-84B_8](#) [Default]

Q11-85 [R69008.00]

Section: Health

([total bio children reported] > 0)

COMMENT: ANY BIOLOGICAL CHILDREN REPORTED?

If Answer = 1 Then GoTo [Q11-87](#)**Default Next:** [Q11-H40-2](#)**Lead-In:** [Q11-84B_7](#) [Default], [Q11-84B_10](#) [Default], [Q11-84B_4](#) [Default], [Q11-82](#) [Default], [Q11-83](#) [Default], [Q11-84B_2](#) [Default], [Q11-84B_6](#) [Default], [Q11-84B_9](#) [Default]

Q11-87 [R69017.00]

Section: Health

[Is your child/ Are your children] covered by any kind of private or governmental health or hospitalization plans or health maintenance organization (HMO) plans?

(PROBE IF NECESSARY:) Examples of health and hospitalization insurance plans include [name of County Health Insurance Plan for Children], Blue Cross, Blue Shield, Medicaid/Welfare/Public Medical Insurance.

- 1 Yes ... (Go To [Q11-87A](#))
 0 No

Default Next: [Q11-H40-2](#)**Lead-In:** [Q11-85](#) [1:1]

Q11-87A []

Section: Health

(Does/Do) your child(ren) have one health plan or more than one?

- 1 One health plan
 2 More than one health plan

Default Next: [Q11-87A_2](#)**Lead-In:** [Q11-87](#) [1:1]

Q11-87A_2 []

Section: Health

SYMBOLEXIST ([stop date of employer](1))

COMMENT: Was any employer reported?

If Answer = 0 Then GoTo [Q11-88B_CHK_2](#)**Default Next:** [Q11-88B_CHK_1](#)**Lead-In:** [Q11-87A](#) [Default]

Q11-88B_CHK_1 []

Section: Health

((total number of employers reported) > 0 and [stop date of employer](1) = [1998 int (current) date])
 COMMENT: Is R currently employed?

If Answer = 0 Then GoTo [Q11-88B_CHK_2](#)

Default Next: [Q11-88B_1](#)

Lead-In: [Q11-87A_2](#) [Default]

Q11-88B_CHK_2 []

Section: Health

([spouse/partner employed in 2001] = 1 or [spouse/partner employed in 2001] = 0 or [spouse/partner employed in 2001] = 2)
 COMMENT: Was R's spouse/partner employed in past calendar year?

If Answer = 0 Then GoTo [Q11-88B_5](#)

Default Next: [Q11-88B_3B](#)

Lead-In: [Q11-87A_2](#) [0:0], [Q11-88B_CHK_1](#) [0:0]

Q11-88B_1 []

Section: Health

[(When I ask you the next few questions I'd like you to think about the health plan that you consider to be the main one for your child(ren). By that I mean the plan that would pay most of your (child's/childrens') major medical bills rather than a plan that only pays for minor medical expenses- or dental or vision care - or prescription drugs.)]

Does your current employer pay for any part of the cost of your (child's/childrens') health plan?

- 1 Yes
- 0 No ...(Go To [Q11-88B_3A](#))

Default Next: [Q11-88B_2](#)

Lead-In: [Q11-88B_CHK_1](#) [Default]

Q11-88B_2 []

Section: Health

Does your current employer pay the total cost of the premiums for this health plan, or do you also have to contribute toward the cost?

- 1 Employer pays total cost of premiums
- 2 Employer pays part of costs and employee pays the rest

Default Next: [Q11-H40-2](#)

Lead-In: [Q11-88B_1](#) [Default]

Q11-88B_3A []

Section: Health

([spouse/partner employed in 2001] = 1 or [spouse/partner employed in 2001] = 0 or [spouse/partner employed in 2001] = 2)

COMMENT: Was R's spouse/partner employed in past calendar year?

If Answer = 0 Then GoTo [Q11-88B_5](#)

Default Next: [Q11-88B_3B](#)

Lead-In: [Q11-88B_1](#) [0:0]

Q11-88B_3B []

Section: Health

[(When I ask you the next few questions I'd like you to think about the health plan that you consider to be the main one for your child(ren). By that I mean the plan that would pay most of your (child's/childrens') major medical bills rather than a plan that only pays for minor medical expenses- or dental or vision care - or prescription drugs.)]

Does [Spouse/partner's name]'s current employer pay for any part of the cost of your (child's/childrens') health plan?

- 1 Yes ...(Go To [Q11-88B_4](#))
- 0 No

Default Next: [Q11-88B_5](#)

Lead-In: [Q11-88B_CHK_2](#) [Default], [Q11-88B_3A](#) [Default]

Q11-88B_4 []

Section: Health

Does [Spouse/partner's name]'s current employer pay the total cost of the premiums for this health plan, or does [Spouse/partner's name] also have to contribute toward the cost?

- 1 Employer pays total cost of premiums
- 2 Employer pays part of costs and employee pays the rest

Default Next: [Q11-H40-2](#)

Lead-In: [Q11-88B_3B](#) [1:1]

Q11-88B_5 []

Section: Health

[(When I ask you the next few questions I'd like you to think about the health plan that you consider to be the main one for your child(ren). By that I mean the plan that would pay most of your (child's/childrens') major medical bills rather than a plan that only pays for minor medical expenses- or

dental or vision care - or prescription drugs.)]

Do you or other family members pay the total cost of the premiums for your (child's/childrens') health plan?

- 1 Yes ...(Go To [Q11-88B_6](#))
0 No

Default Next: [Q11-88B_7](#)

Lead-In: [Q11-88B_CHK_2](#) [0:0], [Q11-88B_3A](#) [0:0], [Q11-88B_3B](#) [Default]

Q11-88B_6 []

Section: Health

Even though you or other family members pay the full cost of this health plan, is it purchased through a former employer of you or another family member?

- 1 Yes
0 No

Default Next: [Q11-H40-2](#)

Lead-In: [Q11-88B_5](#) [1:1]

Q11-88B_7 []

Section: Health

Is (child's/childrens') health plan paid for through a government program, such as Medicaid?

- 1 Yes
0 No ...(Go To [Q11-88B_8](#))

Default Next: [Q11-H40-2](#)

Lead-In: [Q11-88B_5](#) [Default]

Q11-88B_8 []

Section: Health

Does a former employer of yours [or] [Spouse/partner's name]'s pay for any part of the cost of this health plan?

- 1 Yes ...(Go To [Q11-88B_9](#))
0 No

Default Next: [Q11-88B_10](#)

Lead-In: [Q11-88B_7](#) [0:0]

Q11-88B_9 []

Section: Health

Does this former employer pay the total cost of the premiums for this health plan, or do you and your family also have to contribute toward the cost?

- 1 Former employer pays total cost of premiums
- 2 Former employer pays part of costs and employee pays the rest

Default Next: [Q11-H40-2](#)

Lead-In: [Q11-88B_8](#) [1:1]

Q11-88B_10 []

Section: Health

Who pays the cost of the premiums for (child's/childrens') health plan?

(INTERVIEWER: ENTER VERBATIM)

Enter Answer:

Default Next: [Q11-H40-2](#)

Lead-In: [Q11-88B_8](#) [Default]

Q11-H40-2 [R69019.00]

Section: Health

([R's age] >= 40)

If Answer = 1 Then GoTo [Q11-H40-2A](#)

Default Next: [Q12-3](#)

Lead-In: [Q11-85](#) [Default], [Q11-88B_6](#) [Default], [Q11-88B_4](#) [Default], [Q11-87](#) [Default],
[Q11-88B_7](#) [Default], [Q11-88B_10](#) [Default], [Q11-88B_2](#) [Default],
[Q11-88B_9](#) [Default]

Q11-H40-2A [R69020.00]

Section: Health

([r complete 40+ health module?]=1)

COMMENT: Did this respondent go through the extended health questions in round 18 or round 19? If yes, skip out

- | | |
|---|----------------------------|
| 0 | 0 CONDITION DOES NOT APPLY |
| 1 | 1 CONDITION APPLIES |

If Answer = 0 Then GoTo [Q11-H40CESD-1A](#)

Default Next: [Q12-3](#)

Lead-In: [Q11-H40-2](#) [1:1]

Q11-H40CESD-1A [R69021.00]

Section: Health

Now I am going to read a list of the ways that you might have felt or behaved recently. After each statement, please tell me how often you felt this way during the past week.

During the past week.....

I did not feel like eating; my appetite was poor.

- 0 Rarely/None of the time/1 Day
- 1 Some/A little of the time/1-2 Days
- 2 Occasionally/Moderate amount of the time/3-4 Days
- 3 Most/All of the time/5-7 Days

Default Next: [Q11-H40CESD-1A_1](#)

Lead-In: [Q11-H40-2A](#) [0:0]

Q11-H40CESD-1A_1 []

Section: Health

During the past week.....

I felt that I could not shake off the blues, even with help from my family or friends.

- 0 Rarely/None of the time/1 Day
- 1 Some/A little of the time/1-2 Days
- 2 Occasionally/Moderate amount of the time/3-4 Days
- 3 Most/All of the time/5-7 Days

Default Next: [Q11-H40CESD-1B](#)

Lead-In: [Q11-H40CESD-1A](#) [Default]

Q11-H40CESD-1B [R69022.00]

Section: Health

During the past week.....

I had trouble keeping my mind on what I was doing.

- 0 Rarely/None of the time/1 Day
- 1 Some/A little of the time/1-2 Days
- 2 Occasionally/Moderate amount of the time/3-4 Days
- 3 Most/All of the time/5-7 Days

Default Next: [Q11-H40CESD-1C](#)

Lead-In: [Q11-H40CESD-1A_1](#) [Default]

Q11-H40CESD-1C [R69023.00]

Section: Health

During the past week.....

I felt depressed.

- 0 Rarely/None of the time/1 Day
- 1 Some/A little of the time/1-2 Days
- 2 Occasionally/Moderate amount of the time/3-4 Days
- 3 Most/All of the time/5-7 Days

Default Next: [Q11-H40CESD-1D](#)

Lead-In: [Q11-H40CESD-1B](#) [Default]

Q11-H40CESD-1D [R69024.00]

Section: Health

During the past week....

I felt that everything I did was an effort.

- 0 Rarely/None of the time/1 Day
- 1 Some/A little of the time/1-2 Days
- 2 Occasionally/Moderate amount of the time/3-4 Days
- 3 Most/All of the time/5-7 Days

Default Next: [Q11-H40CESD-1E](#)

Lead-In: [Q11-H40CESD-1C](#) [Default]

Q11-H40CESD-1E [R69025.00]

Section: Health

During the past week....

My sleep was restless.

- 0 Rarely/None of the time/1 Day
- 1 Some/A little of the time/1-2 Days
- 2 Occasionally/Moderate amount of the time/3-4 Days
- 3 Most/All of the time/5-7 Days

Default Next: [Q11-H40CESD-1E_1](#)

Lead-In: [Q11-H40CESD-1D](#) [Default]

Q11-H40CESD-1E_1 []

Section: Health

During the past week....

I felt lonely.

- 0 Rarely/None of the time/1 Day
- 1 Some/A little of the time/1-2 Days

- 2 Occasionally/Moderate amount of the time/3-4 Days
- 3 Most/All of the time/5-7 Days

Default Next: [Q11-H40CESD-1F](#)

Lead-In: [Q11-H40CESD-1E](#) [Default]

Q11-H40CESD-1F [R69026.00]

Section: Health

During the past week....

I felt sad.

- 0 Rarely/None of the time/1 Day
- 1 Some/A little of the time/1-2 Days
- 2 Occasionally/Moderate amount of the time/3-4 Days
- 3 Most/All of the time/5-7 Days

Default Next: [Q11-H40CESD-1G](#)

Lead-In: [Q11-H40CESD-1E_1](#) [Default]

Q11-H40CESD-1G [R69027.00]

Section: Health

During the past week....

I could not get "going".

- 0 Rarely/None of the time/1 Day
- 1 Some/A little of the time/1-2 Days
- 2 Occasionally/Moderate amount of the time/3-4 Days
- 3 Most/All of the time/5-7 Days

Default Next: [Q11-H40HMNT-1](#)

Lead-In: [Q11-H40CESD-1F](#) [Default]

Q11-H40HMNT-1 [R69028.00]

Section: Health

I would like to know about your most recent visit(s) to a health care professional.

When was the last time you visited a health care professional for any reason?

- 1 SELECT TO ENTER DATE ...(Go To [Q11-H40HMNT-1A](#))
- 0 NEVER

Default Next: [Q11-H40HMNT-2](#)

Lead-In: [Q11-H40CESD-1G](#) [Default]

Q11-H40HMNT-1A [R69029.00]

Section: Health

(ENTER MONTH AND YEAR)

Enter Date:
 Month Year

Default Next: [Q11-H40HMNT-2](#)**Lead-In:** [Q11-H40HMNT-1](#) [1:1]

Q11-H40HMNT-2 [R69030.00]

Section: Health

When did you last visit a health care professional for a general physical exam?

- 1 SELECT TO ENTER DATE ...(Go To [Q11-H40HMNT-2A](#))
 0 NEVER

Default Next: [Q11-H40BPAR-1](#)**Lead-In:** [Q11-H40HMNT-1A](#) [Default], [Q11-H40HMNT-1](#) [Default]

Q11-H40HMNT-2A [R69031.00]

Section: Health

(ENTER MONTH AND YEAR)

Enter Date:
 Month Year

Default Next: [Q11-H40BPAR-1](#)**Lead-In:** [Q11-H40HMNT-2](#) [1:1]

Q11-H40BPAR-1 [R69032.00]

Section: Health

This next series of questions asks about your biological parent's health.

Is your biological father still alive?

- 1 Yes ...(Go To [Q11-H40BPAR-4](#))
 0 No

Default Next: [Q11-H40BPAR-2](#)**Lead-In:** [Q11-H40HMNT-2A](#) [Default], [Q11-H40HMNT-2](#) [Default]

Q11-H40BPAR-2 [R69033.00]

Section: Health

What caused your biological father's death?

- 1 Heart Attack/Stroke
- 2 Accident
- 3 Cancer
- 4 Old Age
- 5 Emphysema

Default Next: [Q11-H40BPAR-3](#)

Lead-In: [Q11-H40BPAR-1](#) [Default]

Q11-H40BPAR-3 [R69034.00]

Section: Health

How old was he when he died?

(ENTER AGE)

Enter Answer:

Default Next: [Q11-H40BPAR-4](#)

Lead-In: [Q11-H40BPAR-2](#) [Default]

Q11-H40BPAR-4 [R69035.00]

Section: Health

[did/does] your father have any major health problems?

- 1 Yes ...(Go To [Q11-H40BPAR-5](#))
- 0 No

Default Next: [Q11-H40BPAR-6](#)

Lead-In: [Q11-H40BPAR-1](#) [1:1], [Q11-H40BPAR-3](#) [Default]

Q11-H40BPAR-5 []

Section: Health

What [are/were] these problems?

Enter Answer:

Default Next: [Q11-H40BPAR-6](#)

Lead-In: [Q11-H40BPAR-4](#) [1:1]

Q11-H40BPAR-6 [R69036.00]

Section: Health

Is your biological mother still alive?

- 1 Yes ...(Go To [Q11-H40BPAR-9](#))
- 0 No

Default Next: [Q11-H40BPAR-7](#)

Lead-In: [Q11-H40BPAR-1](#) [-2:-1], [Q11-H40BPAR-5](#) [Default], [Q11-H40BPAR-4](#) [Default]

Q11-H40BPAR-7 [R69037.00]

Section: Health

What caused your biological mother's death?

- 1 Heart Attack/Stroke
- 2 Accident
- 3 Cancer
- 4 Old Age
- 5 Emphysema

Default Next: [Q11-H40BPAR-8](#)

Lead-In: [Q11-H40BPAR-6](#) [Default]

Q11-H40BPAR-8 [R69038.00]

Section: Health

How old was she when she died?

(ENTER AGE)

Enter Answer:

Default Next: [Q11-H40BPAR-9](#)

Lead-In: [Q11-H40BPAR-7](#) [Default]

Q11-H40BPAR-9 [R69039.00]

Section: Health

[did/does] your mother have any major health problems?

- 1 Yes ...(Go To [Q11-H40BPAR-10](#))
- 0 No

Default Next: [Q11-H40SF12-1](#)

Lead-In: [Q11-H40BPAR-6](#) [1:1], [Q11-H40BPAR-8](#) [Default]

Q11-H40BPAR-10 []

Section: Health

What [are/were] these problems?

Enter Answer:

Default Next: [Q11-H40SF12-1](#)

Lead-In: [Q11-H40BPAR-9](#) [1:1]

Q11-H40SF12-1 []

Section: Health

Next I will be asking you more specific questions about your health. This information will help keep track of how you feel and how well you are able to do your usual activities.

If you are unsure about how to answer, please give the best answer you can.

Default Next: [Q11-H40SF12-2](#)**Lead-In:** [Q11-H40BPAR-6](#) [-2:-1], [Q11-H40BPAR-10](#) [Default], [Q11-H40BPAR-9](#) [Default]

Q11-H40SF12-2 [R69040.00]

Section: Health

In general, would you say your health is

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor

Default Next: [Q11-H40SF12-3](#)**Lead-In:** [Q11-H40SF12-1](#) [Default]

Q11-H40SF12-3 [R69041.00]

Section: Health

The following items are activities you might do during a typical day. Does your health limit you in these activities?

.....Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf?

- 3 Yes, Limited a Lot
- 2 Yes, Limited a Little
- 1 No, Not Limited at All

Default Next: [Q11-H40SF12-3B](#)**Lead-In:** [Q11-H40SF12-2](#) [Default]

Q11-H40SF12-3B [R69042.00]

Section: Health

..... Climbing several flights of stairs?

- 3 Yes, Limited a Lot
- 2 Yes, Limited a Little
- 1 No, Not Limited at All

Default Next: [Q11-H40SF12-4](#)

Lead-In: [Q11-H40SF12-3](#) [Default]

Q11-H40SF12-4 [R69043.00]

Section: Health

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

.... Accomplished less than you would like?

1 Yes

0 No

Default Next: [Q11-H40SF12-4B](#)

Lead-In: [Q11-H40SF12-3B](#) [Default]

Q11-H40SF12-4B [R69044.00]

Section: Health

.... Were limited in the kind of work or other activities?

1 Yes

0 No

Default Next: [Q11-H40SF12-5](#)

Lead-In: [Q11-H40SF12-4](#) [Default]

Q11-H40SF12-5 [R69045.00]

Section: Health

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

.... Accomplished less than you would like?

1 Yes

0 No

Default Next: [Q11-H40SF12-5B](#)

Lead-In: [Q11-H40SF12-4B](#) [Default]

Q11-H40SF12-5B [R69046.00]

Section: Health

.... Didn't do work or other activities as carefully as usual?

1 Yes

0 No

Default Next: [Q11-H40SF12-6](#)

Lead-In: [Q11-H40SF12-5](#) [Default]

Q11-H40SF12-6 [R69047.00]

Section: Health

During the past 4 weeks, how much did pain interfere with your normal work (including both work outside of the home and housework)?

- 1 Not at all
- 2 A little bit
- 3 Moderately
- 4 Quite a bit
- 5 Extremely

Default Next: [Q11-H40SF12-7](#)

Lead-In: [Q11-H40SF12-5B](#) [Default]

Q11-H40SF12-7 [R69048.00]

Section: Health

Thinking only of the past 4 weeks, please give the one answer that comes closest to the way you have been feeling. How often during the past 4 weeks....

.... have you felt calm and peaceful?

- 1 All the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time

Default Next: [Q11-H40SF12-7B](#)

Lead-In: [Q11-H40SF12-6](#) [Default]

Q11-H40SF12-7B [R69049.00]

Section: Health

.... Did you have a lot of energy?

- 1 All the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time

Default Next: [Q11-H40SF12-7C](#)

Lead-In: [Q11-H40SF12-7](#) [Default]

Q11-H40SF12-7C [R69050.00]

Section: Health

.... Have you felt down-hearted and blue?

- 1 All the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time

Default Next: [Q11-H40SF12-8](#)

Lead-In: [Q11-H40SF12-7B](#) [Default]

Q11-H40SF12-8 [R69051.00]

Section: Health

During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

- 1 All the time
- 2 Most of the time
- 3 A good bit of the time
- 4 Some of the time
- 5 A little of the time
- 6 None of the time

Default Next: [Q11-H40CHRC-1](#)

Lead-In: [Q11-H40SF12-7C](#) [Default]

Q11-H40CHRC-1 [R69052.00]

Section: Health

Has a doctor ever told you that you have high blood pressure or hypertension?

- 1 Yes ...(Go To [Q11-H40CHRC-1A](#))
- 0 No

Default Next: [Q11-H40CHRC-2](#)

Lead-In: [Q11-H40SF12-8](#) [Default]

Q11-H40CHRC-1A [R69053.00]

Section: Health

In what month and year was that first diagnosed?

(ENTER MONTH AND YEAR)

Enter Date:

Month Year

Default Next: [Q11-H40CHRC-1B](#)**Lead-In:** [Q11-H40CHRC-1](#) [1:1]

Q11-H40CHRC-1B [R69054.00]

Section: Health

Do you have high blood pressure or hypertension at the present time?

1 Yes

0 No

Default Next: [Q11-H40CHRC-2](#)**Lead-In:** [Q11-H40CHRC-1A](#) [Default]

Q11-H40CHRC-2 [R69055.00]

Section: Health

Has a doctor ever told you that you have diabetes or high blood sugar?

1 Yes ...(Go To [Q11-H40CHRC-2A](#))

0 No

Default Next: [Q11-H40CHRC-3](#)**Lead-In:** [Q11-H40CHRC-1](#) [Default], [Q11-H40CHRC-1B](#) [Default]

Q11-H40CHRC-2A [R69056.00]

Section: Health

In what month and year was that first diagnosed?

(ENTER MONTH AND YEAR)

Enter Date:

Month Year

Default Next: [Q11-H40CHRC-3](#)**Lead-In:** [Q11-H40CHRC-2](#) [1:1]

Q11-H40CHRC-3 [R69057.00]

Section: Health

Has a doctor ever told you that you have cancer or malignant tumor of any kind except skin cancer?

1 Yes ...(Go To [Q11-H40CHRC-3A](#))

0 No

Default Next: [Q11-H40CHRC-4](#)

Lead-In: [Q11-H40CHRC-2](#) [Default], [Q11-H40CHRC-2A](#) [Default]

Q11-H40CHRC-3A [R69058.00]

Section: Health

How many such cancers have you had?

(ENTER AMOUNT)

Enter Answer:

If Answer = 0 Then GoTo [Q11-H40CHRC-4](#)

Default Next: [Q11-H40CHRC-3AB](#)

Lead-In: [Q11-H40CHRC-3](#) [1:1]

Q11-H40CHRC-3AB []

Section: Health

REPEAT([Q11-loop3 counter])

Default Next: [Q11-H40CHRC-3B](#)

Lead-In: [Q11-H40CHRC-3A](#) [Default]

Q11-H40CHRC-3B [R69059.00]

Section: Health

In what month and year was [most recent/next most recent] cancer diagnosed?

(ENTER MONTH AND YEAR)

Enter Date:

Month Year

Default Next: [Q11-H40CHRC-3C](#)

Lead-In: [Q11-H40CHRC-3AB](#) [Default]

Q11-H40CHRC-3C []

Section: Health

In which organ or part of your body did this cancer occur?

Enter Answer:

Default Next: [Q11-H40CHRC-3D](#)

Lead-In: [Q11-H40CHRC-3B](#) [Default]

Q11-H40CHRC-3D [R69062.00]

Section: Health

Do you currently have any such cancer?

- 1 Yes
- 0 No

Default Next: [Q11-H40CHRC-3DB](#)

Lead-In: [Q11-H40CHRC-3C](#) [Default]

Q11-H40CHRC-3DB []

Section: Health

UNTIL ([Q11-loop3 counter],[Q11-loop3 counter]=[Number of cancers R reported]) or ([Number of cancers R reported]=0))

Default Next: [Q11-H40CHRC-4](#)

Lead-In: [Q11-H40CHRC-3D](#) [Default]

Q11-H40CHRC-4 [R69065.00]

Section: Health

Not including asthma, has a doctor ever told you that you have chronic lung disease such as chronic bronchitis or emphysema?

- 1 Yes
- 0 No

Default Next: [Q11-H40CHRC-5](#)

Lead-In: [Q11-H40CHRC-3A](#) [0:0], [Q11-H40CHRC-3](#) [Default], [Q11-H40CHRC-3DB](#) [Default]

Q11-H40CHRC-5 [R69066.00]

Section: Health

Has a doctor ever told you that you had a heart attack, coronary heart disease, angina, congestive heart failure, or other heart problems?

- 1 Yes ...(Go To [Q11-H40CHRC-5A](#))
- 0 No

Default Next: [Q11-H40CHRC-6](#)

Lead-In: [Q11-H40CHRC-4](#) [Default]

Q11-H40CHRC-5A [R69067.00]

Section: Health

Did you have a heart attack or myocardial infarction?

- 1 Yes ...(Go To [Q11-H40CHRC-5B](#))
- 0 No

Default Next: [Q11-H40CHRC-5C](#)**Lead-In:** [Q11-H40CHRC-5](#) [1:1]

Q11-H40CHRC-5B [R69068.00]

Section: Health

In what month and year did you have your (last) heart attack or myocardial infarction?

(ENTER MONTH AND YEAR)

Enter Date:

Month Year

Default Next: [Q11-H40CHRC-5C](#)**Lead-In:** [Q11-H40CHRC-5A](#) [1:1]

Q11-H40CHRC-5C [R69069.00]

Section: Health

Do you currently have any angina or chest pains due to your heart?

1 Yes

0 No

Default Next: [Q11-H40CHRC-6](#)**Lead-In:** [Q11-H40CHRC-5A](#) [Default], [Q11-H40CHRC-5B](#) [Default]

Q11-H40CHRC-6 [R69070.00]

Section: Health

Has a doctor ever told you that you have congestive heart failure?

1 Yes ...(Go To [Q11-H40CHRC-6A](#))

0 No

Default Next: [Q11-H40CHRC-7](#)**Lead-In:** [Q11-H40CHRC-5C](#) [Default], [Q11-H40CHRC-5](#) [Default]

Q11-H40CHRC-6A [R69071.00]

Section: Health

In what month and year was your congestive heart failure?

(ENTER MONTH AND YEAR)

Enter Date:

Month Year

Default Next: [Q11-H40CHRC-6B](#)**Lead-In:** [Q11-H40CHRC-6](#) [1:1]

Q11-H40CHRC-6B [R69072.00]

Section: Health

Do you currently have congestive heart failure?

1 Yes

0 No

Default Next: [Q11-H40CHRC-7](#)

Lead-In: [Q11-H40CHRC-6A](#) [Default]

Q11-H40CHRC-7 [R69073.00]

Section: Health

Has a doctor ever told you that you had a stroke?

1 Yes ...(Go To [Q11-H40CHRC-7A](#))

0 No

Default Next: [Q11-H40CHRC-8](#)

Lead-In: [Q11-H40CHRC-6B](#) [Default], [Q11-H40CHRC-6](#) [Default]

Q11-H40CHRC-7A [R69074.00]

Section: Health

In what month and year did you last have a stroke?

(ENTER MONTH AND YEAR)

Enter Date:
Month Year

Default Next: [Q11-H40CHRC-8](#)

Lead-In: [Q11-H40CHRC-7](#) [1:1]

Q11-H40CHRC-8 [R69075.00]

Section: Health

Has a doctor ever told you that you had emotional, nervous, or psychiatric problems?

1 Yes ...(Go To [Q11-H40CHRC-8A](#))

0 No

Default Next: [Q11-H40CHRC-9](#)

Lead-In: [Q11-H40CHRC-7A](#) [Default], [Q11-H40CHRC-7](#) [Default]

Q11-H40CHRC-8A [R69076.00]

Section: Health

In what month and year were your emotional, nervous or psychiatric problems diagnosed?

(ENTER MONTH AND YEAR)

Enter Date:
Month Year

Default Next: [Q11-H40CHRC-8B](#)

Lead-In: [Q11-H40CHRC-8](#) [1:1]

Q11-H40CHRC-8B [R69077.00]

Section: Health

During the last 12 months, have you had any emotional, nervous, or psychiatric problems?

- 1 Yes
0 No

Default Next: [Q11-H40CHRC-9](#)

Lead-In: [Q11-H40CHRC-8A](#) [Default]

Q11-H40CHRC-9 [R69078.00]

Section: Health

Have you ever had, or has a doctor ever told you that you have, arthritis or rheumatism?

- 1 Yes ...(Go To [Q11-H40CHRC-9A](#))
0 No

Default Next: [Q11-H40CHRC-9B](#)

Lead-In: [Q11-H40CHRC-8B](#) [Default], [Q11-H40CHRC-8](#) [Default]

Q11-H40CHRC-9A [R69079.00]

Section: Health

In what month and year was your arthritis or rheumatism diagnosed?

- 1 ENTER MONTH AND YEAR ...(Go To [Q11-H40CHRC-9AB](#))
0 NEVER DIAGNOSED

Default Next: [Q11-H40CHRC-10A](#)

Lead-In: [Q11-H40CHRC-9](#) [1:1]

Q11-H40CHRC-9AB [R69080.00]

Section: Health

(In what month and year was your arthritis or rheumatism diagnosed?)

(ENTER MONTH AND YEAR)

Enter Date:

Month Year

Default Next: [Q11-H40CHRC-10A](#)**Lead-In:** [Q11-H40CHRC-9A](#) [1:1]

Q11-H40CHRC-9B [R69081.00]

Section: Health

Do you sometimes have pain, stiffness, or swelling in your joints?

1 Yes

0 No

Default Next: [Q11-H40CHRC-10A](#)**Lead-In:** [Q11-H40CHRC-9](#) [Default]

Q11-H40CHRC-10A [R69082.00]

Section: Health

Do you have any of the following health problems? (other than problems discussed earlier)

Asthma? (Shortness of breath or chronic cough?)

1 Yes

0 No

Default Next: [Q11-H40CHRC-10B](#)**Lead-In:** [Q11-H40CHRC-9A](#) [Default], [Q11-H40CHRC-9AB](#) [Default],
[Q11-H40CHRC-9B](#) [Default]

Q11-H40CHRC-10B [R69083.00]

Section: Health

(Do you have any of the following health problems? (other than problems discussed earlier))

Problems with your back?

1 Yes

0 No

Default Next: [Q11-H40CHRC-10C](#)**Lead-In:** [Q11-H40CHRC-10A](#) [Default]

Q11-H40CHRC-10C [R69084.00]

Section: Health

(Do you have any of the following health problems? (other than problems discussed earlier))

Problems with your feet and legs?

1 Yes
0 No

Default Next: [Q11-H40CHRC-10D](#)

Lead-In: [Q11-H40CHRC-10B](#) [Default]

Q11-H40CHRC-10D [R69085.00]

Section: Health

(Do you have any of the following health problems? (other than problems discussed earlier))

Kidney or bladder problems?

1 Yes
0 No

Default Next: [Q11-H40CHRC-10E](#)

Lead-In: [Q11-H40CHRC-10C](#) [Default]

Q11-H40CHRC-10E [R69086.00]

Section: Health

(Do you have any of the following health problems? (other than problems discussed earlier))

Stomach or intestinal ulcers?

1 Yes
0 No

Default Next: [Q11-H40CHRC-10F](#)

Lead-In: [Q11-H40CHRC-10D](#) [Default]

Q11-H40CHRC-10F [R69087.00]

Section: Health

(Do you have any of the following health problems? (other than problems discussed earlier))

High cholesterol?

1 Yes
0 No

Default Next: [Q11-H40CHRC-10G](#)

Lead-In: [Q11-H40CHRC-10E](#) [Default]

Q11-H40CHRC-10G [R69088.00]

Section: Health

(Do you have any of the following health problems? (other than problems discussed earlier))

Pain or pressure in your chest, palpitation or pounding heart, or heart trouble?

- 1 Yes
- 0 No

Default Next: [Q11-H40CHRC-10H](#)

Lead-In: [Q11-H40CHRC-10F](#) [Default]

Q11-H40CHRC-10H [R69089.00]

Section: Health

(Do you have any of the following health problems? (other than problems discussed earlier))

Low blood pressure?

- 1 Yes
- 0 No

Default Next: [Q11-H40CHRC-10I](#)

Lead-In: [Q11-H40CHRC-10G](#) [Default]

Q11-H40CHRC-10I [R69090.00]

Section: Health

(Do you have any of the following health problems? (other than problems discussed earlier))

Chronic or frequent colds, sinus problems, hay fever or allergies?

- 1 Yes
- 0 No

Default Next: [Q11-H40CHRC-10J](#)

Lead-In: [Q11-H40CHRC-10H](#) [Default]

Q11-H40CHRC-10J [R69091.00]

Section: Health

(Do you have any of the following health problems? (other than problems discussed earlier))

Frequent indigestion, stomach, liver or intestinal trouble, gall bladder trouble or gallstones?

- 1 Yes
- 0 No

Default Next: [Q11-H40CHRC-10K](#)

Lead-In: [Q11-H40CHRC-10I](#) [Default]

Q11-H40CHRC-10K [R69092.00]

Section: Health

(Do you have any of the following health problems? (other than problems discussed earlier))

Depression or excessive worry or nervous trouble of any kind?

1 Yes

0 No

Default Next: [Q11-H40CHRC-10L](#)

Lead-In: [Q11-H40CHRC-10J](#) [Default]

Q11-H40CHRC-10L [R69093.00]

Section: Health

(Do you have any of the following health problems? (other than problems discussed earlier))

Swollen or painful joints, frequent cramps in your legs or bursitis? (arthritis and rheumatism already addressed)

1 Yes

0 No

Default Next: [Q11-H40CHRC-10M](#)

Lead-In: [Q11-H40CHRC-10K](#) [Default]

Q11-H40CHRC-10M [R69094.00]

Section: Health

(Do you have any of the following health problems? (other than problems discussed earlier))

Lameness or paralysis (including polio)?

1 Yes

0 No

Default Next: [Q11-H40CHRC-10O](#)

Lead-In: [Q11-H40CHRC-10L](#) [Default]

Q11-H40CHRC-10O [R69095.00]

Section: Health

(Do you have any of the following health problems? (other than problems discussed earlier))

Scarlet fever, rheumatic fever, tuberculosis, jaundice or hepatitis?

1 Yes

0 No

Default Next: [Q11-H40CHRC-10P](#)

Lead-In: [Q11-H40CHRC-10M](#) [Default]

Q11-H40CHRC-10P [R69096.00]

Section: Health

(Do you have any of the following health problems? (other than problems discussed earlier))

Frequent or severe headaches, dizziness or fainting spells?

1 Yes

0 No

Default Next: [Q11-H40CHRC-10Q](#)

Lead-In: [Q11-H40CHRC-10O](#) [Default]

Q11-H40CHRC-10Q [R69097.00]

Section: Health

(Do you have any of the following health problems? (other than problems discussed earlier))

Eye trouble, other than glasses or contacts?

1 Yes

0 No

Default Next: [Q11-H40CHRC-10R](#)

Lead-In: [Q11-H40CHRC-10P](#) [Default]

Q11-H40CHRC-10R [R69098.00]

Section: Health

(Do you have any of the following health problems? (other than problems discussed earlier))

Ear, nose, or throat trouble?

1 Yes

0 No

Default Next: [Q11-H40CHRC-10S](#)

Lead-In: [Q11-H40CHRC-10Q](#) [Default]

Q11-H40CHRC-10S [R69099.00]

Section: Health

(Do you have any of the following health problems? (other than problems discussed earlier))

Severe tooth or gum trouble?

1 Yes
0 No

Default Next: [Q11-H40CHRC-10T](#)

Lead-In: [Q11-H40CHRC-10R](#) [Default]

Q11-H40CHRC-10T [R69100.00]

Section: Health

(Do you have any of the following health problems? (other than problems discussed earlier))

Skin diseases?

1 Yes
0 No

Default Next: [Q11-H40CHRC-10U](#)

Lead-In: [Q11-H40CHRC-10S](#) [Default]

Q11-H40CHRC-10U [R69101.00]

Section: Health

(Do you have any of the following health problems? (other than problems discussed earlier))

Thyroid trouble or goiter?

1 Yes
0 No

Default Next: [Q11-H40CHRC-10Z](#)

Lead-In: [Q11-H40CHRC-10T](#) [Default]

Q11-H40CHRC-10Z [R69102.00]

Section: Health

(Do you have any of the following health problems? (other than problems discussed earlier))

Neuritis?

1 Yes
0 No

Default Next: [Q11-H40CHRC-10AA](#)

Lead-In: [Q11-H40CHRC-10U](#) [Default]

Q11-H40CHRC-10AA [R69103.00]

Section: Health

(Do you have any of the following health problems? (other than problems discussed earlier))

Epilepsy or fits?

- 1 Yes
- 0 No

Default Next: [Q11-H40CHRC-10BB](#)

Lead-In: [Q11-H40CHRC-10Z](#) [Default]

Q11-H40CHRC-10BB [R69104.00]

Section: Health

(Do you have any of the following health problems? (other than problems discussed earlier))

Frequent trouble sleeping?

- 1 Yes
- 0 No

Default Next: [Q11-H40CHRC-10CC](#)

Lead-In: [Q11-H40CHRC-10AA](#) [Default]

Q11-H40CHRC-10CC [R69105.00]

Section: Health

(Do you have any of the following health problems? (other than problems discussed earlier))

Frequent urinary tract infections? (other than kidney problems discussed earlier)

- 1 Yes
- 0 No

Default Next: [Q11-H40CHRC-10DD](#)

Lead-In: [Q11-H40CHRC-10BB](#) [Default]

Q11-H40CHRC-10DD [R69106.00]

Section: Health

(Do you have any of the following health problems? (other than problems discussed earlier))

Osteoporosis?

- 1 Yes
- 0 No

Default Next: [Q11-H40CHRC-10EE](#)

Lead-In: [Q11-H40CHRC-10CC](#) [Default]

Q11-H40CHRC-10EE [R69107.00]

Section: Health

(Do you have any of the following health problems? (other than problems discussed earlier))

Ulcer?

- 1 Yes
- 0 No

Default Next: [Q11-H40CHRC-10FF](#)

Lead-In: [Q11-H40CHRC-10DD](#) [Default]

Q11-H40CHRC-10FF [R69108.00]

Section: Health

(Do you have any of the following health problems? (other than problems discussed earlier))

Hardening of the arteries?

- 1 Yes
- 0 No

Default Next: [Q11-H40CHRC-10GG](#)

Lead-In: [Q11-H40CHRC-10EE](#) [Default]

Q11-H40CHRC-10GG [R69109.00]

Section: Health

(Do you have any of the following health problems? (other than problems discussed earlier))

Anemia?

- 1 Yes
- 0 No

Default Next: [Q11-H40CHRC-10GH](#)

Lead-In: [Q11-H40CHRC-10FF](#) [Default]

Q11-H40CHRC-10GH [R69110.00]

Section: Health

([r gender]=2)

If Answer = 1 Then GoTo [Q11-H40CHRC-10II](#)

Default Next: [Q11-H40CHRC-11](#)

Lead-In: [Q11-H40CHRC-10GG](#) [Default]

Q11-H40CHRC-10II [R69111.00]

Section: Health

(Do you have any of the following health problems? (other than problems discussed earlier))

Have you ever had a change in menstrual patterns?

1 Yes

0 No

Default Next: [Q11-H40CHRC-11](#)**Lead-In:** [Q11-H40CHRC-10GH](#) [1:1]

Q11-H40CHRC-11 [R69112.00]

Section: Health

Have you had a fracture or broken bone in the last 10 years?

1 Yes ...(Go To [Q11-H40CHRC-11A](#))

0 No

Default Next: [Q11-H40CHRC-12](#)**Lead-In:** [Q11-H40CHRC-10GH](#) [Default], [Q11-H40CHRC-10II](#) [Default]

Q11-H40CHRC-11A [R69113.00]

Section: Health

In what year did you last break a bone?

(ENTER YEAR)

Enter Answer: **Default Next:** [Q11-H40CHRC-12](#)**Lead-In:** [Q11-H40CHRC-11](#) [1:1]

Q11-H40CHRC-12 [R69114.00]

Section: Health

Have you ever been unconscious due to a head injury?

1 Yes

0 No

Default Next: [Q11-H40CHRC-14](#)**Lead-In:** [Q11-H40CHRC-11A](#) [Default], [Q11-H40CHRC-11](#) [Default]

Q11-H40CHRC-14 [R69122.00]

Section: Health

Do you spend more than 10 minutes a day on your own health problems or conditions, such as preparing

and taking medicines, applying treatments, taking care of surgical problems or doing any kind of rehabilitation?

- 1 Yes ...(Go To [Q11-H40CHRC-14A](#))
0 No

Default Next: [Q11-H40CHRC-15](#)

Lead-In: [Q11-H40CHRC-12](#) [Default]

Q11-H40CHRC-14A [R69123.00]

Section: Health

On average, how many minutes a day do you spend on this?

(ENTER NUMBER OF MINUTES)

Enter Answer:

Default Next: [Q11-H40CHRC-15](#)

Lead-In: [Q11-H40CHRC-14](#) [1:1]

Q11-H40CHRC-15 [R69124.00]

Section: Health

Do you wear eyeglasses or contact lenses?

- 1 Yes
0 No

Default Next: [Q11-H40CHRC-16](#)

Lead-In: [Q11-H40CHRC-14A](#) [Default], [Q11-H40CHRC-14](#) [Default]

Q11-H40CHRC-16 [R69125.00]

Section: Health

[With your glasses, is/Is] your eyesight excellent, very good, good, fair or poor?

- 1 Excellent
2 Very Good
3 Good
4 Fair
5 Poor

Default Next: [Q11-H40CHRC-17](#)

Lead-In: [Q11-H40CHRC-15](#) [Default]

Q11-H40CHRC-17 [R69126.00]

Section: Health

Do you wear a hearing aid?

- 1 Yes ...(Go To [Q11-H40CHRC-17A](#))
- 0 No

Default Next: [Q11-H40CHRC-18](#)

Lead-In: [Q11-H40CHRC-16](#) [Default]

Q11-H40CHRC-17A [R69127.00]

Section: Health

How often do you usually wear a hearing aid - almost always, often, sometimes or almost never?

- 1 Almost always
- 2 Often
- 3 Sometimes
- 4 Almost never

Default Next: [Q11-H40CHRC-18](#)

Lead-In: [Q11-H40CHRC-17](#) [1:1]

Q11-H40CHRC-18 [R69128.00]

Section: Health

[Using your hearing aid/ " "] Is your hearing excellent, very good, good, fair or poor?

- 1 Excellent
- 2 Very Good
- 3 Good
- 4 Fair
- 5 Poor

Default Next: [Q12-3](#)

Lead-In: [Q11-H40CHRC-17](#) [Default], [Q11-H40CHRC-17A](#) [Default]
